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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                                                                                                                               |                                    | Application or Docket Number<br><b>10/659,388</b> |                 | Filing Date<br><b>09/11/2003</b> |                     | <input type="checkbox"/> To Be Mailed |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|-----------------|----------------------------------|---------------------|---------------------------------------|---------------------|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |                 | <b>OTHER THAN SMALL ENTITY</b>   |                     |                                       |                     |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                    | SMALL ENTITY <input type="checkbox"/> OR          |                 | SMALL ENTITY                     |                     |                                       |                     |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                  | NUMBER FILED                                                                             | NUMBER EXTRA                                                                                                                                                                                                                  |                                    | RATE (\$)                                         | FEE (\$)        | OR                               |                     | RATE (\$)                             | FEE (\$)            |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(a), (b), or (c))                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                               | N/A             |                                  |                     | N/A                                   | N/A                 |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                               | N/A             |                                  |                     | N/A                                   | N/A                 |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                                            | N/A                                                                                      | N/A                                                                                                                                                                                                                           |                                    | N/A                                               | N/A             |                                  |                     | N/A                                   | N/A                 |
| TOTAL CLAIMS<br>(37 CFR 1.16(i))                                                                                                                                                                                                                                                                                                                                                                                                     | minus 20 =                                                                               | *                                                                                                                                                                                                                             |                                    | X \$ =                                            | X \$ =          |                                  |                     | X \$ =                                | X \$ =              |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                               | minus 3 =                                                                                | *                                                                                                                                                                                                                             |                                    | X \$ =                                            | X \$ =          | X \$ =                           | X \$ =              | X \$ =                                | X \$ =              |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                                    |                                                                                          | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                    |                                                   |                 |                                  |                     |                                       |                     |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                        |                 | SMALL ENTITY OR                  |                     | OTHER THAN SMALL ENTITY               |                     |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>051507</b>                                                                            | CLAIMS REMAINING AFTER AMENDMENT                                                                                                                                                                                              | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                     |                 | RATE (\$)                        | ADDITIONAL FEE (\$) | RATE (\$)                             | ADDITIONAL FEE (\$) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.16(i))                                                                   | * 15                                                                                                                                                                                                                          | Minus                              | ** 20                                             | = 0             | X \$ =                           | OR X \$50=          | 0                                     | 0                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h))                                                             | * 5                                                                                                                                                                                                                           | Minus                              | *** 5                                             | = 0             | X \$ =                           | OR X \$200=         | 0                                     | 0                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   | TOTAL ADD'L FEE | OR                               | TOTAL ADD'L FEE     |                                       | 0                   |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | (Column 2)                                                                                                                                                                                                                    |                                    | (Column 3)                                        |                 | SMALL ENTITY OR                  |                     | OTHER THAN SMALL ENTITY               |                     |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                     | CLAIMS REMAINING AFTER AMENDMENT                                                         | HIGHEST NUMBER PREVIOUSLY PAID FOR                                                                                                                                                                                            | PRESENT EXTRA                      |                                                   | RATE (\$)       | ADDITIONAL FEE (\$)              | RATE (\$)           | ADDITIONAL FEE (\$)                   |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total (37 CFR 1.16(i))                                                                   | *                                                                                                                                                                                                                             | Minus                              | **                                                | =               | X \$ =                           | OR X \$ =           | X \$ =                                |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | Independent (37 CFR 1.16(h))                                                             | *                                                                                                                                                                                                                             | Minus                              | ***                                               | =               | X \$ =                           | OR X \$ =           | X \$ =                                |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                           |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   | TOTAL ADD'L FEE | OR                               | TOTAL ADD'L FEE     |                                       |                     |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</p> <p>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".</p> <p>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</p> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                                                                          |                                                                                                                                                                                                                               |                                    |                                                   |                 |                                  |                     |                                       |                     |

Legal Instrument Examiner:  
Jacqueline E. Couplin

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.